HEALTH ENTITIES

COMPANY NAME:	NAIC Company Code:				
Contact:		Telephone:			
REQUIRED FILINGS IN THE STATE OF:	Arkansas	Filings Made During the Year 2021			

(1)	(2)	(3)	(4) NUMBER OF COPIES* Domestic Foreign		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE				DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14")	2	EO	0	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-						
		E29)	2	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")				5/15, 8/15,		
			2	EO	0	11/15	NAIC	
		II. NAIC SUPPLEMENTS				1		
	11	Accident & Health Policy Experience Exhibit	2	EO	0	4/1	NAIC	
	12	Actuarial Opinion	2	EO	0	3/1	Company	
	13	Life Supplemental Data due March 1	2	EO	0	3/1	NAIC	
	14	Life Supplemental Data due April 1	2	EO	0	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements –						
		Exh 5, Int. #3	2	EO	0	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh		F.0	_	2/1		
	1.5	5 Int. 1&2	2	EO	0	3/1	Company	
	17	Life, Health & Annuity Guaranty Assessment Base	2	F0		4 /1	NATO	
	10	Reconciliation Exhibit	_	EO	XXX	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base	2	EO		4/1	NATO	
	10	Reconciliation Exhibit Adjustment Form		EO	XXX	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	2	EO	XXX	4/1	NAIC	
	20	Management Discussion & Analysis	2	EO	0	4/1	Company	
	21	Medicare Part D Coverage Supplement				3/1, 5/15,		
			2	EO	0	8/15,	NAIC	
	22	M-4: C1 F	2	EO	0	11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	*****	3/1	NAIC	
	23	Risk-Based Capital Report	2	EO EO	0 xxx	3/1	NAIC NAIC	
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	2	N/A N/A	N/A N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and		IN/A	1N/ A	3/1	NAIC	
	20	3)	2	EO	0	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation		LO	0	7/ 1	117110	
	27	Report Samon	2	EO	0	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	2	EO	0	4/1	NAIC	
	20	Supplemental investment rusk interrogatories		LO		1/ 1	107110	
		III. ELECTRONIC FILING				I	I	
		REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	66	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	67	Quarterly Statement Electronic Filing		1		5/15, 8/15,	120	
			xxx	EO	XXX	11/15	NAIC	
	68	Quarterly .PDF Filing				5/15, 8/15,		
			XXX	EO	XXX	11/15	NAIC	
	69	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL						
		RELATED REPORTS						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	0	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters						
	<u> </u>	Noted in Audit	2	EO	N/A	8/1	Company	
	_							

Chocklain								1	1
Checkiest Lan. # REQUIRED FILINGS FOR THE ABOVE STATE Demonstr. Sour NACK Sour Sou	(1)	(2)	(3)	(4)		(5)	(6)	(7)	
Solution				NUM	BER OF C	OPIES*			APPLICABLE
State	Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic	Foreign	DUE DATE		NOTES
85 Independent CPA (change) 86 Management's Report of Internal Control Over Financial Reporting 77 Notification of Adverse Financial Condition 87 Notification of Adverse Financial Condition 88 Relief from the Greyver rotation requirement for lead audit partner. 89 Relief from the Greyver rotation requirement for lead audit partner. 89 Relief from the Greyver cooling off period for include the control over							1		
Secondary Seco		85	Independent CPA (change)				1	Company	
Financial Reporting					11//1	14/71	+	Company	
87 Notification of Adverse Financial Condition 2 N/A N/A Company		86							
8 Relief from the five-year rotation requirement for lead audit partner and partner and the property of the partner and the property of the pr			Financial Reporting	2	N/A	N/A	8/1	Company	
8 Relief from the five-year rotation requirement for lead audit partner and partner and the property of the partner and the property of the pr		87	Notification of Adverse Financial Condition	2	N/A	N/A		Company	
Seal audit partner 2 EO 0 3/1 Company					11/11	14/11		Company	
Separate		88							
990 Relief from the Requirements for Audit 2			lead audit partner	2	EO	0	3/1	Company	
990 Relief from the Requirements for Audit 2		89	Relief from the one-year cooling off period for						
90 Relief from the Requirements for Audit Committees 91 Request for Exemption to File Management's Report of Internal Control Over Financial Reporting 101 Reporting 102 N/A N/A N/A Company 102 Filings Checklist (with Column 1 completed) 103 Filings Checklist (with Column 1 completed) 104 Filings Checklist (with Column 1 completed) 105 Filings Checklist (with Column 1 completed) 106 Form B & C. Holding Company Registration 107 Statement. Must be accompanied by the proper Rule 57 fee of \$100. 108 Form B & C. Holding Column 1 completed) 109 Premium Tax- 100 Form F-Enterprise Risk Report **** 100 N/A 5/1 Company 100 Form F-Enterprise Risk Report **** 100 N/A 5/1 Company 100 Form F-Enterprise Risk Report **** 100 Premium Tax- 100 Fremium Tax- 100		0)		2	EO	0	2/1	Compony	
Second Committees 2 EO 0 3/1 Company					LO	U	3/ 1	Company	
Sequest for Exemption to File Management's Report of Internal Control Over Financial Reporting		90	Relief from the Requirements for Audit						
Reporting Reporting 2 N/A N/A Company Personal Reporting Part Reporting 2 N/A N/A Company V. STATE REQUIRED FILINGS 101. Corporate Governance Annual Disclosure*** 2 0 0 N/A 6/1 Company 102. Filings Checklist (with Column Lompleted) 1 0 0 0 3/1 State 103. Form B.&C. Holding Company Registration Statement, Must be accompanied by the proper Rule 57 fee of \$100. 104. Form F-Interprise Risk Report ***** 2 0 N/A 5/1 Company 105. ORSA ******* 2 0 N/A 5/1 Company 106. Permirm Tax. 107. Holding Form High State Report ***** 2 0 N/A 5/1 Company 108. State Filing Fore Mings Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Frand Plans Assessment & Company from the Optos system. 107. State Filing Fore State of State of State of State of State Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Frand Assessment & Company Financial Regulation Fee.			Committees	2	EO	0	3/1	Company	
Reporting Reporting 2 N/A N/A Company Personal Reporting Part Reporting 2 N/A N/A Company V. STATE REQUIRED FILINGS 101. Corporate Governance Annual Disclosure*** 2 0 0 N/A 6/1 Company 102. Filings Checklist (with Column Lompleted) 1 0 0 0 3/1 State 103. Form B.&C. Holding Company Registration Statement, Must be accompanied by the proper Rule 57 fee of \$100. 104. Form F-Interprise Risk Report ***** 2 0 N/A 5/1 Company 105. ORSA ******* 2 0 N/A 5/1 Company 106. Permirm Tax. 107. Holding Form High State Report ***** 2 0 N/A 5/1 Company 108. State Filing Fore Mings Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Frand Plans Assessment & Company from the Optos system. 107. State Filing Fore State of State of State of State of State Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Frand Assessment & Company Financial Regulation Fee.		91	Request for Exemption to File Management's						
Reporting 2 N/A N/A Company		-							
V. STATE REQUIRED FILINGS				_	NT/A	NT/A		C	
101 Corporate Governance Annual Disclosure*** 2 0 N/A 6/1 Company			Reporting	2	N/A	N/A		Company	
101 Corporate Governance Annual Disclosure*** 2 0 N/A 6/1 Company									
101 Corporate Governance Annual Disclosure*** 2			V. STATE REQUIRED FILINGS				•		
102 Fillings Checklist (with Column 1 completed) 1		101		_		NT/A	C/1		I
103 Form B. & C Holding Company Registration Statement, Must be accompanied by the proper 2									
Statement. Must be accompanied by the proper 2 0 0 5/1 Company		102	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
Statement. Must be accompanied by the proper 2 0 0 5/1 Company		103							
Rule 57 fee of \$100. 2 0 0 5 5/1 Company		103		1		1			
104 Form F-Enterprise Risk Report **** 2 0 N/A 5/1 Company				_	_		F /1		
105 ORSA ***** 2									
105 ORSA ***** 2		104	Form F-Enterprise Risk Report ****	2	0	N/A	5/1	Company	
106 Premium Tax-https://insurance.arkansas.gov/pages/industry-regulation/accounting/ List of Forms & Due Dates: https://insurance.arkansas.gov/pages/filing due dates. 2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ 0			ORSA *****	1				1 1	
106 Premium Tax-https://insurance.arkansas.gov/pages/industry-regulation/accounting/ List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing due_date_2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ 0 State		103	ONDA	2	_	NT/A		Co	
thtps://insurance.arkansas.gov/pages/industry-regulation/accounting/ List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing_due_dates_2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC 109 Certificate of Deposit-All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note B for physical mailing address. Address has changed from last year. Questions; 501-371-2679. Or Malisa landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 1112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.				2	0	N/A	applicable	Company	
List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing due.dates_2020.pdf		106	Premium Tax-						
List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing due.dates_2020.pdf			https://insurance.arkansas.gov/pages/industry-						
List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing _due_dates_2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance finance@arkansas.gov 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansus are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.									
https://insurance.arkansas.gov/uploads/pages/filing due dates 2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ All filing fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of the posit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address, Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			regulation/accounting/						
https://insurance.arkansas.gov/uploads/pages/filing due dates 2020.pdf Tax Filings & Annual Fees: https://www.optins.org/ All filing fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of the posit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address, Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.									
due dates 2020.pdf Tax Filings & Annual Fees: https://www.optins.org/			List of Forms & Due Dates:						
due dates 2020.pdf Tax Filings & Annual Fees: https://www.optins.org/			https://insurance.arkansas.gov/uploads/pages/filing						
Tax Filings & Annual Fees: https://www.optins.org/ All filing Fees: https://www.optins.org/ All filing Fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A Not require and the required formal in the company of the properties of the properties of the company financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.									
https://www.optins.org/ 0 State			_due_dates_2020.pdf						
https://www.optins.org/ 0 State									
107 State Filing Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			Tax Filings & Annual Fees:						
107 State Filing Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			https://www.optins.org/						
State Filing Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 0 3/1 State			integral with the particular to the particular t		0			State	
All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Janders@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of N/A N/A N/A N/A N/A N/A Not required to the first of the properties o		4.05			U			State	
and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov xxx 0 1 3/1 annual filing only NAIC 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A Not require N/A N/A N/A N/A N/A N/A N/A N/A N/A Not require Dan. Reber@arkansas.gov or 501-371-2796. 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.		107							
premium tax forms. 108 Signed Jura: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation Valuation 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			All filing fees for certificate of authority renewal						
premium tax forms. 108 Signed Jura: Document must be filed in electronic .pdf format at: Insurance.finance@arkansas.gov xxx 0 1 filing only NAIC 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation Valuation 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			and annual statement filing fees are included on the						
108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance.finance@arkansas.gov xxx 0 1 3/1 annual filing only NAIC					0		2/1	Stata	
.pdf format at: Insurance.finance@arkansas.gov xxx 0 1 3/1 annual filing only NAIC 109 Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A		400			U		3/ 1	State	
Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State		108							
Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State			.pdf format at: Insurance.finance@arkansas.gov				3/1 annual		
Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov				xxx	0	1	filing only	NAIC	
hold a certificate of authority in Arkansas are required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov N/A N/A N/A N/A N/A N/A N/A N/		100	Contificate of Donosite All forming in community		Ü	-	ining only	11110	
required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A		109	Certificate of Deposit- All foreign insurers who						
required to send in (HARD COPY form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa Landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A							1		
original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov N/A 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A Not require Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.				1	Ī	1			
domicile. Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa,landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann. §23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			original Certificate of Deposit from their state of				1		
Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa landers@arkansas.gov N/A 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A N/A N/				1		1			
Securities Administrator. See Note E for physical mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa.landers@arkansas.gov N/A 0 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A							1		
mailing address. Address has changed from last year. Questions: 501-371-2679. Or Malisa_landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation N/A				1		1			
year. Questions: 501-371-2679. Or Malisa_landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			Securities Administrator. See Note E for physical	1	Ī	1			
year. Questions: 501-371-2679. Or Malisa_landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation 111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			mailing address. Address has changed from last				1		
Questions: 501-371-2679. Or Malisa.landers@arkansas.gov N/A 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A N/A N/			5	1		1			
Malisa.landers@arkansas.gov N/A O 1 3/1 State 110 Certificate of Compliance & Certificate of Valuation N/A N/A N/A N/A N/A N/A N/A N/							1		
110 Certificate of Compliance & Certificate of Valuation N/A							1		
110 Certificate of Compliance & Certificate of Valuation N/A			Malisa.landers@arkansas.gov	N/A	0	1	3/1	State	
Valuation N/A N/A N/A N/A N/A N/A N/A N/		110							
111 Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.		110	*	NI/A	NT/A	NT / A	NI/A	NT/A	Not recovered
Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.				1 V /A	1 N /A	IN/A	1N/ F1	IN/A	rvot required
Dan.Reber@arkansas.gov or 501-371-2796. Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.		111		1		1			
Dan.Reber@arkansas.gov or 501-371-2796. Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			Rule 66. For questions contact,	Varios by			1		
112 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.						1			Varies by Company
Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. **Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.		112		Company			1		. ares of company
These are on a Combined Form in the OptIns system. **Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.		112	1 7	1		1			
system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			Regulation Fee. https://www.optins.org/	1		1			
system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.							1		
system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			These are on a Combined Form in the OntIns	1		1			
Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			-	1	Ī	1			
Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			system.				1		
Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.				1			1		
Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Regulation Fee.			Risk Based Provider Organizations and Medicare	1	Ī	1			
Anti-Fraud Assessment & Company Financial Regulation Fee.				1		1			
Regulation Fee.				1		1			
							1		
			Regulation Fee.	1			1		
1 0 1 6/1 OptIns				1	0	1	6/1	OptIns	

(1)	(2)	(3)		(4)		(5)	(6)	(7)
			NUMBER OF COPIES*			FORM	APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	Domestic Foreign		DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	113	Affiliated Transaction Disclosure Form for Arkansas Domestics not subject to the Holding Co ACT- This form may be modified in a non-substantive manner to accommodate reporting. The original and one copy of the form should be mailed to: ADDICESS ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087 This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov. If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years. The blank form is available electronically at: https://insurance.arkansas.gov/pages/industry-regulation/finance/forms/	2	0	N/A	3/1,5/15,8/15, 11/15	State	All domestic companies (except FMAAs) which are not subject to the Holding Company Act

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

*****For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

^{***}For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
F	,	Contact for Financial Statements: Kimberly Johnson, Insurance Examiner, Finance Division 501-371-2680 insurance.finance@arkansas.gov
F	Mailing Address for ANNUAL/QUARTERLY STATEMENTS: All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing.	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
(Mailing Address for Filing Fees:	Filed and paid through OPTins http://www.optins.org/
Ι	Mailing Address for Premium Tax Payments:	Filed and paid through OPTins http://www.optins.org/
I	Delivery Instructions: All filings must be physically received at the Department, no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
I	Late Filings:	Companies will be fined \$100 per day for a late filing.
(Original Signatures: Our Department will be temporarily accepting electronic signatures.	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification: If a Company is unable to make a hard copy filing at this time, due to Covid, the Department will accept electronic filings with electronic signatures. See Bulletin No 32-2020 https://insurance.arkansas.gov/uploads/resource/documents/32-2020.pdf Companies are expected to keep a list of all filings made electronically in lieu of hard copy filings, in order to file all hard copies with AID within 60 days after the state has allowed a universal return to work.	For questions: Send an email to Insurance.Finance@arkansas.gov All electronic filings should be emailed to: Insurance.Finance@Arkansas.gov
I	Amended Filings or Request for an Extension to File: If your Company believes that it will not be able to meet a deadline required by law or order, please contact the Finance Division. Companies are required to make all mandated electronic filings with the NAIC, as well as those that are filed with the Department.	Insurance.Finance@arkansas.gov
J	with the rarie, as well as those that are fried with the Department.	

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The

NAIC will not be sending their own checklist this year.

Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies

are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

Column (2) Line

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Electronic Filing includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly.PDF Filing* is the .pdf file for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

,

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

w:\qa\blanks\checklists\2020 filings made in 2021\1 hlthcklist_2020_filingsmade2021.docx